CONTRACT #3 RFS # 318.66-028

Department of Finance & Administration/Bureau of TennCare

VENDOR: Volunteer State Health Plan, Inc.

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

		Commissioner of Finance & A Date:	Administration
Each of the request items below indicates specific i A REQUEST CAN NOT BE CONSIDERED IF INFORM CLEARLY ADDRESS EACH OF THE REQUIREMENT	TATION PROVIDE	ED IS INCOMPLETE, NON-RESPONS	lressed <u>as required.</u> SIVE, OR DOES NOT
RFS# 318.66-028	· · · · · · · · · · · · · · · · · · ·		
STATE AGENCY NAME : Deparatment of Finance	and Administrat	ion, Bureau of TennCare	
SERVICE CAPTION: Managed Care Organizat TennCare/Medicaid Popu	tion Services/Me ulation	edically Necessary Health Care So	ervices to the
CONTRACT# FA-02-14859-00		PROPOSED AMENDMENT#	15
CONTRACTOR: Volunteer State Health P	lan, Inc.		
CONTRACT START DATE :	July 1, 200	1	
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY:	\$3,235,252	,751.23	
LATEST POSSIBLE END DATE WITH PROPOSED A (including ALL options to extend)		12/31/2006	
TOTAL MAXIMUM COST WITH PROPOSED AMEND (including ALL options to extend)	and the first of the contract	\$3,235,252,751.23	
ADDROVAL CRITERIA :		ion is in the best interest of the	state
only one uniquely	qualified servi	ce provider able to provide the	service
ADDITIONAL REQUIRED REQUEST DETAILS BELO)W (address ea	ich item immediately following the	requirement text)
(1) description of the proposed additional service a	and amendmer	nt effects :	
Implements the TennCare Reform language as approv of interst disclosure requirements; strengthens MCO fir as well as various other housekeeping issues involving	nancial requirem	nents; lowers the administrative fe	ediation; strengthens conflict te to mirror TennCare Select;

(2) explanation of need for the proposed amendment:
Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended financial requirements and language clarifications.
(3) name and address of the proposed contractor's principal owner(s): (not required if proposed contractor is a state education institution)
BlueCross BlueShield 801 Pine St Chattanooga,TN 37402
(4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request ; (required only if the subject service involves training for state employees)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :
The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify financial administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.
ACENCY HEAD REQUEST SIGNATURE.
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)
SIGNATURE DATE!

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R-Silvinibar	318.66-028				FA-02-14859-15	5
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Managed C	Care Organization Serv	vices/Medically necessa	ary Health Care Se	rvices to the Tenr	nCare/Medicaid Por	oulation
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2002	\$ 211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00
2003	\$ 219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00 625,435,035.23
2004	\$ 219,561,969.10	\$ 405,873,066.13			\$	632,613,416.00
2005	\$ 223,265,116.00	\$ 409,348,300.00			\$	530,572,600.00
2006	\$ 196,511,500.00	\$ 334,061,100.00			\$	265,286,300.00
2007	\$ 93,626,200.00	\$ 171,660,100.00			\$	3,235,252,751.23
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	Nashville, TN					
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FY: 04		\$625,435,035.23		.00	<u></u>	
FY: 05		\$632,613,416.00	\$0	.00		
FY: 06		\$530,572,600.00	·	.00		
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REQUEST: NON-COMPETITIVE AMENDMENT

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RFS # 318.66-0	28
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare
SERVICE CAPTION:	Managed Care organization which provides medically necessary health care services to the TennCare/Medicaid Population
CONTRACT#	FA-02-14859-00 PROPOSED AMENDMENT # 14
CONTRACTOR:	Volunteer State Health Plan, Inc.
CONTRACT START DATE	07/01/2001
CURRENT, LATEST POSS (Including ALL options to ex	IBLE END DATE: 12/31/2005 tend)
CURRENT MAXIMUM LIA	\$2,617,381,968.00
LATEST POSSIBLE END C	DATE WITH PROPOSED AMENDMENT : 12/31/2006 tend)
TOTAL MAXIMUM COST V	WITH PROPOSED AMENDMENT: \$3,235,252,751.23 ttend)
APPROVAL CRITERIA: (select one)	use of Non-Competitive Negotiation is in the best interest of the state
	only one uniquely qualified service provider able to provide the service
ADDITIONAL REQUIRED	REQUEST DETAILS BELOW (address each item immediately following the requirement text)
(1) description of the pro	posed additional service and amendment effects :
Extends the term of current	t contract as well as provide funding for term extension.
(2) explanation of need for	or the proposed amendment :

We believe that it is in the best interests of theState prevent the disruption of services to TennCare enroll	to maintain this relationship to ensure the stability of the TennCare Program and lees.
(3) name and address of the proposed contractor (not required if proposed contractor is a state ed	or's principal owner(s) : ducation institution)
Volunteer State Health Plan 801 Pine Street	
Chattanooga, TN 37402-2555	<u> </u>
(4) documentation of OIR endorsement of the No (required only if the subject service involves info	on-Competitive procurement request : ormation technology)
select one: Documentation Not Ap	oplicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel e (required only if the subject service involves train	endorsement of the Non-Competitive procurement request : ining for state employees)
select one: Documentation Not Ap	oplicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to id non-competitive negotiation :	entify reasonable, competitive, procurement alternatives rather than to use
This contract is not a result of non-competitive nego interest, demonstrated specific qualifications outline currently 6 different organizations that have MCO C	otiations. MCO contracts have been offered to any organization that has expressed and in the Agreements, and willingly accepted the terms of the Agreements. There are contracts.
(7) justification of why the F&A Commissioners	should approve a Non-Competitive Amendment :
The approval of this amendment by F&A will ensure providers that provider currently has, TennCare is a services to enrollees.	e the best interests of TennCare enrollees will be served. Based on the network of confident that the continuation of this agreement will prevent any disruption of
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AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	
nocumented exigent circumstances)	SIGNATURE DATE:
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2006	\$ 83,928,478.55 \$ 935,288,906.59	\$ 152,258,427.06			625,435,035,23
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2004	\$219,561,969.10	\$ 405,873,066.13			\$	601,009,808.00	
2005	\$167,856,957.10	\$ 304,516,854.13			\$	625,435,035.23	
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	472,373,811.23 236,186,905.61	
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2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00
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2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
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		12/31/2005	and standard mentioned			on, do hereby certify that n which this obligation is
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COMPLICATION OFFICE
MAINAGEMENT SERVICES

		CONTRA	CT SUMMARY S	SHEET		24年人。 第二章	
RES Number					ontracts Number: FA-02-14859-10		
State Agency: 52	Agency: Department of Finance and Administration				Bureau of TennCare	<u> </u>	
计图式 14 (12) 12 (14) 14 (14)		ontractor	机成果 对数据的	or and description of the second	actildentification	Number	
VOLUNTEER STATE HEALTH PLAN, INC					n Kashim tanka ayan da kanasa da ka bisa		
		es/Medically necessary	the second secon	es to the TennCare	/Medicaid Popul	ation	
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318.66	411	134	11	STARS		tAmount (includings	
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2002	\$211,390,549.00	\$ 368,945,043.00			\$ \$	580,335,592.00 601,009,808.00	
2003	\$219,070,544.84	\$ 381,939,263.16			<u>Ψ</u>	623,394,219.23	
2004	\$218,892,361.10	\$ 404,501,858.13			\$	472,373,811,23	
2005	\$167,856,957.10 \$83,928,478.55	\$ 304,516,854.13 \$ 152,258,427.06			\$	236,186,905.61	
2006		\$ 1,612,161,445.48			\$	2,513,300,336.07	
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Name 38	Dean Daniel	A STATE OF THE PARTY OF THE PAR	CORPRESION SPANNESS PROPERTY OF THE SECOND		Vendor://(per OMB)		
Address	729 Church Street						
Phone	Nashville, TN (615)532-1362			Production of the second production of the second	meinu sarierily.	THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	
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		12/31/2005			the appropriation fro	tion, do hereby certify that om which this obligation is	
	WIE WEND DATE	\$580,335,592.00	\$0.	nn required to be paid t	hat is not otherwise o	encumbered to pay	
FY: 02 FY: 03	·	\$601,009,808.00			ly incurred.		
FY: 04		\$623,394,219.23		00		·	
FY: 05		\$472,373,811.23	\$0.				
FY: 06		\$236,186,905.6					
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	Department of Finance and Administration			internal	Bureau of TennCare		
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OLUNTEER S	STATE HEALTH PL	AN, INC					
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2002	\$211,390,549.00	\$ 368,945,043.00			\$	580,335,592.00	
2002 2003	\$219,070,544.84	\$ 381,939,263.16			\$	601,009,808.00	
2004	\$185,411,953.10	\$ 335,941,450.13			\$	521,353,403.23	
2005	\$167,856,957.10	\$ 304,516,854.13			\$	472,373,811.23 236,186,905.61	
2006	\$ 83,928,478.55	\$ 152,258,427.06			\$	2,411,259,520.07	
[2] [2] [2] [3] [3] [4] [5] [6]	\$867,658,482.60	\$ 1,543,601,037.48			\$		
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医神经神经神经	nerugalung slateo				A., Section 9-6-113, I,	M D Goetz Jr	
				Commissioner of	Finance and Adminis	tation, do hereby certify that	
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FY: 02		\$601,009,808.00	\$0	.00	ously incurred.		
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FY: 04		\$472,373,811.23	\$0	.00			
FY: 04 FY: 05 FY: 06		\$472,373,811.23 \$236,186,905.61	\$0 \$0				

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VOLUNTEER S	TATE HEALTH PL	AN, INC	□ V-	_		
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Managed Care	Organization Servic	es/Medically necessary	Health Care Service	s to the TennCare	:/Medicaid Popula	ation
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		# 200 045 043 00			\$	580,335,592.00
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2003	\$219,070,544.84	\$ 381,939,263.16 \$ 335,941,450.13			\$	521,353,403.23
2004	\$185,411,953.10	\$ 304,516,854.13			\$	472,373,811.23
2005	\$ 167,856,957.10 \$ 83,928,478.55	\$ 152,258,427.06			\$	236,186,905.61
2006		\$ 1,543,601,037.48			\$	2,411,259,520.07
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	Nashville, TN				hadaysini ji Yi.	
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		Petashoniujaki karlor Markananiuansi		Commissioner of Fir	nance and Administat	ion, do hereby certify that
				there is a balance in	the appropriation fro	m which this obligation is
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CONTRACTION	MMARY SHEET
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Department of Finance and Administration	Tonime (tenningations) umbete.
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OLUNTEER STATE HEALTH PLAN, INC	Assertation TennCare/Medicaid Population
Vanaged Care Organization Services/Medically necessary Health	Care Services to the Termost State

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	第三年,其本代表,由		THE STATE OF THE S	fridalemente.		580,335	
	\$211,390,549.00	\$ 368,945,043.00			\$	601,009	
2002	\$219,070,544.84	\$ 381,939,263.10			\$.	472,373 472,373	
2004	\$167,856,957.10 \$167,856,957.10				\\$ \$	236,186	
2005	\$ 83,928,478.55	\$ 152,258,427.06			\$	2,362,279	
	\$850,103,486.60	\$ 1,512,176,441.48	<u></u>		Those Distant		

6/30/03

\$55,961,028.07

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Dean Daniel 729 Church Street Nashville, TN (615)532-1362

Dean Daniel

FY: 02

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12/31/2005 \$580,335,592.00 \$601,009,808.00 \$449,989,400.00 \$449,989,400.00 \$22,384,411.23 \$449,989,400.00 \$22,384,411.23

\$2,306,318,900.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby there is a balance in the appropriation from which this ollowired to be paid that is not otherwise encumbered to obligations previously incurred.

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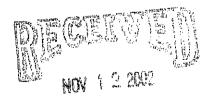
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VOLUNTEER S	STATE HEALTH PLA	AN, INC		□ C-				
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2002	1	\$ 368,945,043	The latest with the second second second second		\$	580,335,592		
2003		\$ 381,939,263			\$	601,009,808		
2004		\$ 284,753,100			\$	449,989,400		
2005		\$ 284,753,100			\$	449,989,400		
2006	\$ 82,618,150	\$ 142,376,550			\$	224,994,700		
		\$ 1,462,767,056			\$	2,306,318,900		
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		is an contract the			SUBHEOPIENI//OB	TOMB A 133)		
	Dean Daniel							
Name	729 Church Street		•	(Silja Orbanisana)	Vendor (percivis):			
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					Section 9-6-113, I, C.			
		este formation of the second	ally less constitutions of the state of the	Commissioner of Fir	nance and Administati	ion, do hereby certify that		
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FY: 03		\$498,968,992		4	•			
FY: 04		\$449,989,400						
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VOLUNTEER	STATE HEALTH PL	AN, INC		□ V- □ C-				
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2002	\$ 211,390,549	\$ 368,945,043			\$	580,335,592		
2002	\$ 182,696,055	\$ 316,272,937			\$	498,968,992		
2004	\$ 165,236,300	\$ 284,753,100			\$	449,989,400		
2005	\$ 165,236,300	\$ 284,753,100			\$ \$	449,989,400 224,994,700		
2006	\$ 82,618,150	\$ 142,376,550			\$	2,204,278,084		
		\$ 1,397,100,730						
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Name :	Dean Daniel 729 Church Street	•	•		vontagramation av			
	Nashville, TN							
	(615)532-1362			STATE OF THE PERSON NAMED IN COLUMN 25 AND THE PERSON NAMED IN COLUMN 25 A				
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OLUNTEER:	STATE HEALTH	I PLAN, INC			□ C-					
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2002	\$ 211,390,54		45,043			\$	580,335,592			
2003	\$ 165,236,30		53,100			\$	449,989,400			
2004 2005	\$ 165,236,36 \$ 165,236,36		53,100		<u> </u>	\$.	449,989,400			
2006	\$ 165,236,38 \$ 82,618,18		53,100 76,550			\$	449,989,400			
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naged Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population 12/31/05 12/31/05 12/31/05 13/38.66 411 134 11 STARS 13/38.66 13/38.67 13/38.68	NTEER	STATE UEALTUR	PAN MO		eladebilitie tota	Sumbon Policy				
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Daniel Wear 1/02 Section 9-6-113, I, C: Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred. Section 9-6-113, I, C: Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		de l'entre par en le Ville de la litte	ienompa vienzavana							
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12/31/05 Commissioner of Finance and Administation, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred. 13					Pursuant to T.C.A., Sec	ction 9-6-113, I, C: W	arren Neel,			
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Contra	ct Number .	FA-02-14	859-02	•		State Agency Tennessee Department of Finance and					ce and Administration		
RFS # 318.66-028					-	Division Bureau of TennCare							
		Cont	ractor				Ven	dor ID Nu	ımber				
Volunte	eer State He	aith Plan, inc.	,		,	□ V—	-						
					Service [Description			 -		- , 		
Manage	d Care Orga	nization Service	ces / Medica	ally necessary	Health Ca	re Services to	o the	TennCare / M	ledicaid P	opulation	<u> </u>		
		Contract I	Begin Date						tract End				
07/01/01	<u> </u>					12/31/2008	5	•					
Allotme	ent Code	Cost Cente	er Ol	bject Code	Fı	ามด		Grant	Gran	t Code	Subgrant Code		
318	8.66	109	.	134		11	П	on STARS					
FY	State	Funds	Federa	al Funds		partmental unds		Other Fundi	ng	Total C	ontract Amount ALL amendments)		
2002	\$211	,390,549.00	\$368,	945,043.00			-			<u> </u>	\$580,335,592.0		
2003	\$186	,330,303.00	\$326,	658,349.00		·					\$512,988,652.00		
2004	\$186	,330,303.00	\$326,	658,349.00							\$512,988,652.00		
2005		,330,303.00	\$326,	658,349.00							\$512,988,652.00		
2006	\$ 93,	,165,152.00 .\$163,3		329,175.00	329,175.00						\$256,494,327.00		
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Total	\$863,546,610.00 \$1,512,249,265.00			· · ·		-	•	-	- · · · · · · · · · · · · · · · · · · ·	#2 275 705 D75 00			
		7,10,1,10,100,100					\$2,375,795,875.00						
<u> </u>	Fiscal Yea	r Funding Is	Strictly Lim	ited		CFDA Number 93.778							
	Contracto	r is on STARS	S			State Fiscal Contact							
· 🔲 🛚		orm W-9 On Fi	ile With Ac	counts		Name Dean Daniel							
	OR Form W-9	Attached	•			Address Phone 729 Church Street, Nashville TN 3			ille TN 373	247:6501			
.	. 0/11/11/15	Attaonica											
						(615) 532-1362							
	Service Pr	ovider Regist	ered with F	&A		Procuring Agency Budget Officer Approval Signature							
		is a SUBREC I by OMB Circ		,		Dear Daniel 4/30/02							
	COMPLE	TE FOR <u>ALL</u> A	MENDMEN	TS (only)		•		Fundin	g Certific	ation			
		Base Cont Prior Amen		This Amend		Pursuant to	T.C.A.,	, Section 9-6-1	113, I, C. \	Varren Ne	el, Commissioner of		
Contract	End Date	12/31/		ONLY		Finance and Administration, do hereby certify that the appropriation from which this obligation is required to otherwise encumbered to pay obligations previously in			fy that ther required to	e is a balance in the period be paid that is not			
20	02	\$559,927	7,428.00	\$20,408	3,164,00	Office ANDERS	cumbe	steo to bay oot	igations pr	eviously in	currea.		
20	03	\$512,988											
20	04	\$512,988,652.00											
20	05	\$512,988											
20	06	\$256,494	,327.00										
				·									
	Total	\$2,355,38		\$20,408				•	,				

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Contract Number FA-02-14859-01					State Agency			Tennessee Department of Finance and Administration					
RFS # 318.66-028						Division Bureau of TennCare							
	 -	Cont	ractor						Vend	lor ID I	Vumber		· ·
Valuntas	r State He:	alth Plan, inc.				□ V-							
Voluntee	J State Hea	21011 10011									6		
			<u> </u>		Service D	escription	1						
Managed	Care Orga	nization Servic	es / Medical	y necessary	Health Car	e Services	to	the T	ennCare / M	edicaid	Population		
Ivianayeu	Care Orga	Contract E	Begin Date	<u> </u>					Cont	ract Er	nd Date		
07/04/04	· ·					12/31/20	05		•				
07/01/01 Allotmer	ot Code	Cost Cente	r Obi	ect Code	Fu	ind	Γ	G	rant	Gr	ant Code	Subgr	ant Code
		109		134	1	1			n STARS				
318. FY		Funds	Federal		Interde	oartmenta unds	1		ther Fundi	ng	Total Co	ontract A ALL amer	
			. 5255.0	49,634.00									27,428.00
2002		,977,794.00		558,349.00					· · · · · · · · · · · · · · · · · · ·			\$512,9	88,652.00
2003		,330,303.00		58,349.00				·				\$512,9	88,652.00
2004		,330,303.00		58,349.00			-				•	\$512,9	88,652.00
2003		,165,152.00		29,175.00								\$256,4	94,327.00
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Total	\$856	,133,855.00 	\$1,499,2	53,856.00		- CC) 	1010	TS REVIE	₩			
	Fiscal Ye	ar Funding Is	Strictly Lim	ited		CFDA Number 93.778							
	Contracto	or is on STAR	s	,		State Fiscal Contact							
	Current F	orm W-9 On I	File With Ac	counts		Name Dean Daniel							
	OR		Attached				;	729 Church Street, Nashville TN 37247-6501					
	Form W-S	Anached						(615) 532-1362					
	· ·				•	Procuring Agency Budget Officer Approval Signature						ure	
	Service P	rovider Regis	stered with h	-&A		Procuring Agence Budget Sincer Approver organization						,	
	Contracto (as define	or is a SUBRE ed by OMB Ci	CIPIENT rcular A-133)	•.	Wear Daniel 3/4/02					102		
	COMPI	ETE FOR ALL	AMENDMEN	TS (only)					Fundi	ng Cer	tification	7	
	COM		ntract &	This Amer	ndment	Pursuant	10 T	Γ.C.A.	Section 9-6	-113. l.	C. Warren No	eel, Comm	nissioner of
			endments	ONL	Y	Einance :	and.	Admir	sistration do	hereby.	certify that the n is required t	re is a bal	ance in the
Contract	t End Date	12/3	1/05			otherwise	eno	cumbe	ered to pay of	oligation	ns previously i	ncurred.	•
20	002	\$512,9	88,652.00	.00 \$46,938,776.00								_ =	
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	005		88,652.00			 					<u> </u>	 	···-,
20	006	\$256,4	94,327.00								<u></u>	<u> </u>	1 5
 													
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